

EMERGENCY SHELTER GRANT PROGRAM

ANNUAL REPORT

PROGRAM YEAR 2004
January 1 - December 31

SUBRECIPIENT: _____

ADDRESS: _____

PHONE #: _____ DATE: _____

CONTACT PERSON: _____

PROJECT NAME: _____ PROJECT #: _____

PROJECT DESCRIPTION: _____

Project Budget

**Amount Expended During
Program Year**

**Amount of Unliquidated
Obligation**

\$ _____

\$ _____

\$ _____

PROGRAM INCOME (if applicable):

Source(s):

Amount:

\$ _____

\$ _____

Use(s) of Program Income

Amount

\$ _____

\$ _____

Balance of Program Income as of 12/31 _____

\$ _____

Part A:

1. Is the purpose of this activity to:

- 1. Help Prevent Homelessness? (Y/N)
- b. Help the Homeless? (Y/N)
- 3. Help Those with HIV/AIDS? (Y/N)
- d. Primarily help persons with disabilities?(Y/N)

2. Indicate program(s) and services(s) with an "✓":

- | | |
|---|---|
| <input type="checkbox"/> Emergency Shelter Facilities | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Vouchers For Shelters | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> Drop-In Center | <input type="checkbox"/> Soup Kitchen/Meal Distribution |
| <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> HIV/AIDS Services |
| <input type="checkbox"/> Alcohol/Drug Program | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Homeless Prevention |
| <input type="checkbox"/> Other | |

3. Complete items below:

a. For Residential Services:

- 1. Average Number Served Daily: Adults _____ Children _____
- 2. Average Served Yearly: _____

b. For Non-Residential Services:

- 1. Average Number Served Daily: _____

4. Complete For Residential Services:

a. Enter Approximate percentages of:

- 1. Unaccompanied 18 and over . . Male: _____% Female: _____%
- 2. Unaccompanied under 18 . . . Male: _____% Female: _____%

b. Families with Children Headed By:

- | | | |
|------------------------------|--------------|----------------|
| 1. Single 18 and over | Male: _____% | Female: _____% |
| 2. Youth 18 and under | _____% | |
| 3. Two Parents 18 and over | _____% | |
| 4. Two Parents under 18 | _____% | |
| 5. Families with no Children | _____% | |

Continuation of Part A:

5. Complete For Residential Services:

On a average day, percentage of the population served who are:

Battered Spouse	_____%
Runaway/Throwaway Youth	_____%
Chronically Mentally Ill	_____%
Developmentally Disabled	_____%
HIV/AIDS	_____%
Alcohol Dependent Individuals	_____%
Drug Dependent Individuals	_____%
Elderly	_____%
Veterans	_____%
Physically, Disabled	_____%
Other	_____%

6. Complete For Residential Services:

Shelter Type	Number of Persons Housed
Barrack	
Group/Large House	
Scattered Site Apartment	
Single Family Detached House	
Mobile Home/Trailer	
Hotel/Motel	
Other	

7. Funding Sources:

ESG:
Other Federal
Local Government
Private
Fees
Other

Part B: ACTIVITY STATUS - Describe Accomplishments and/or delays
during year:

C. BENEFICIARIES - INCOME

1. Total number of Households (H) or Persons (P) assisted _____
 (*Specify Household or Person*)
2. Total of #1 who **ARE** Low and Moderate Income Persons _____
3. Total of #2 who are Low Income Persons _____
4. Total of #2 who are Extremely Low Income Persons _____
 (*#3 and # 4 should equal # 2*)
5. Total of #1 who **ARE NOT** Low and Moderate Income Persons _____
 (*Difference between #1 and #2*)

D. BENEFICIARIES – RACE/ETHNICITY

Of the number of persons served in #1, how many are:

	RACE # Total	Ethnicity # Hispanic
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native & White		
Asian & White		
Black/African American & White		
Am. Indian/Alaskan Native & Black/African American		
Other Multi-Racial		
Asian/Pacific Islander		
Hispanic		
TOTAL		

- E. Total of #1 who are FEMALE HEADED of HOUSEHOLD _____
- F. Total of #1 who are 62 or older _____
- G. REPORTS (Attach any other reports due per agreement.) _____

Signature of Director

Date